



State Approving Agency for Veterans Education
 700 Foothill Blvd
 Salt Lake City, UT 84113
 Phone (801) 584-1973 Fax (801) 584-1964

Date: _____
 Catalog Vol: _____

Application for Original Approval Non-Accredited Programs

Thank you for your interest in approval for the training of veterans and other eligible persons under the GI Bill®. This application contains the required information necessary to approve your programs. Once a completed application has been submitted, we will contact you within 30 calendar days to schedule an inspection of your facilities. Please contact us should you have any questions regarding this process.

Please complete this application fully, including the date and volume of the catalog you are submitting. **We cannot process incomplete applications; they will be returned.** Once completed, submit a signed application with all documentation in an electronic approval packet via email to utahsaa@utah.gov.

Part I: Institution Information

Complete this section completely

| | |
|---------------------------------------------------|-------------------------------|
| Name of Institution: | |
| Physical Address: | |
| | |
| Mailing Address (if different from above): | |
| | |
| School Director, President or Owner: | |
| Phone Number: | Fax Number: |
| Email Address: | Website: |
| Name of Person completing application: | |
| Phone Number: | Address (if different) |
| Email Address: | Fax Number: |

| | | | | | | | | |
|----------------------------------------------------------------------------------------------------|--------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|---------|--|
| When did the institution open under the current ownership? | Date: | | NOTE: Private schools only- If you have not been in continuous operation for two years, the institution is not approvable until the two-year mark has been met. Please submit evidence of two years of operation with this application (e.g. attendance records) | | | | | |
| Have you been continuously enrolling and teaching students for at least the last two years? | Yes | No | | | | | | |
| Is the institution (Check all that apply) | Public | | | | | | Private | |
| Catalog Volume: | | | | | | | | |

Part II: Program Information

Please list every program your institution offers that you would like approved. Attach an additional sheet or list if necessary

| List the programs that you would like approved | | | |
|------------------------------------------------|--------------|--------------------|--------------------|
| Program: | Catalog Page | Credit/Clock Hours | Credential Awarded |
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Part III: Modes of Instruction

Each of these methods of education requires specific approval and certification. If the institution offers any of these modes and you do NOT request and receive approval, the Veteran cannot be certified for those courses. Non degree granting institutions may not receive approval for any programs that contain an element of distance education, which includes Independent Study or Online training.

| | | | |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------|
| Practical Training | Yes | No | Sign Here: |
| Definition: | Off-campus job experience included in a program of study and described in such terms as internship, practicum, or externship. Including clinical hours and medical or dental residencies. | | |
| This Institution Certifies That: | The practicum's are: a part of the approved curriculum of the school with a unit subject description; directly supervised by the school with an assigned instructor; measured in the same units as other courses; institutional in nature as distinguished from training on-the-job; and meet requirements for graduation. (38 CFR 21.4265 (f)) | | |
| Cooperative Training | Yes | No | Sign Here: |
| Definition | A full time program of education consisting of phases of school instruction alternating with training in business or industrial establishment with such training being strictly supplemental to the school instruction. Alternating periods may be a part day in school and a part day on the job or may alternate on a daily, weekly, monthly or term basis. (38 CFR 21.4233 (a)) | | |
| This Institution Certifies That: | The course is necessary for completing part of the work required for granting a degree or diploma; the alternate in-school periods of the course are at least as long as the alternate periods in the business or industrial establishment. The institution contracts with the establishment providing the cooperative portion of training to ensure that this portion will be training in a real and substantial sense and will supplement the in-school portion of the course; arranges directly with the establishment for placing the individual student in that establishment; exercises supervision and control over the student's attendance and activities at the establishment; and grants credit for the cooperative portion. | | |
| Off Campus Teaching Sites | Yes | No | List all Off Campus Sites by name and address: |
| | | | |
| | | | |
| | | | |
| | | | |
| Remedial Training | Yes | No | List all remedial courses by course number and title |
| Course # and Title | Credit Hours | Catalog Page | |
| | | | |
| | | | |

Part IV- Catalog Review

The following information must be included with the approval request packet, either included in the catalog or as an attachment to it (enrollment agreement, student handbook etc.). Website links are not accepted. The approval cannot be finalized until all of this information has been reviewed to meet the standards of the law.

| Item | Page | Item | Page |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <input type="checkbox"/> Tuition Rates and Fee Chart | | <input type="checkbox"/> Graduation Requirements | |
| <input type="checkbox"/> Academic Calendar | | <input type="checkbox"/> Attendance Standards | |
| <input type="checkbox"/> Entrance Requirements | | <input type="checkbox"/> Prior Credit Policy | |
| <input type="checkbox"/> List of Faculty/Instructors with Qualifications (degree, license, experience etc.) | | <input type="checkbox"/> Student Conduct Policy (include student appeal rights and processes) | |
| <input type="checkbox"/> List of Schools Governing Body and Officials | | <input type="checkbox"/> Program Outlines (broken down by clock or credit hours) | |
| <input type="checkbox"/> Enrollment Dates | | <input type="checkbox"/> VA Form 20-8206 | |
| <input type="checkbox"/> Leave of Absence Policy | | <input type="checkbox"/> Refund Policy | |
| <input type="checkbox"/> Grading System | | <input type="checkbox"/> Evidence of Accreditation | |
| <input type="checkbox"/> Enrollment Agreement and Student Handbook (if applicable) | | <input type="checkbox"/> Description of Facilities and Equipment | |
| <input type="checkbox"/> Standards of Progress | | <input type="checkbox"/> Effective Date of Catalog | |
| <input type="checkbox"/> Contracts and Agreements with another Institution (if applicable) | | <input type="checkbox"/> VA Form 22-1919 (private institutions) | |
| <input type="checkbox"/> VA Form 22-8794 | | <input type="checkbox"/> Additional material requested by Utah State Approving Agency (if applicable) | |
| <input type="checkbox"/> Compliance with 38 U.S.C. 3679(e) (Policy or Addendum) | | <input type="checkbox"/> List of all programs requested for approval | |
| <input type="checkbox"/> Verification of Legal Operation (Registration or Exemption with Utah Division of Consumer Protection, DOPL, Business License etc.) | | <input type="checkbox"/> Evidence of 24 continuous months of operation-NCD (2 previous years of student enrollments, attendance etc.) | |
| <input type="checkbox"/> Evidence of Financial Soundness (Previous 2 Years of Business Taxes) | | <input type="checkbox"/> Advertising (materials shall include, but are not limited to: mail pieces, brochures, printed literature, films, online advertising, broadcast media, material disseminated through print media, tear sheets, leaflets, handbills, fliers, and any sales or recruitment manuals.) | |

By signing this application, I certify that:

- *The information contained in this application and attachment(s), catalog or bulletin, student handbook, supplements, addenda and the supporting approval material is true and correct in content and policy as required by 38 CFR 21.4253 (accredited) or 21.4254 (non accredited). We understand that documents or statements found to be false, fictitious, fraudulent, misleading or misrepresenting the institution, its programs will result in the immediate suspension, withdrawal or denial of approval.*
- *The educational institution maintains adequate records, as prescribed by the State Approving Agency, to show the progress and grades of the eligible person or veteran and to show that satisfactory standards relating to progress and conduct are enforced.*
- *The school will make available to the authorized government representative records and accounts pertaining to eligible persons who received educational assistance. The institution will retain these records for three years from the student's graduation or termination date.*
- *The institution maintains a written record of the previous education and training of the eligible person that clearly indicates that appropriate credit has been given by this institution for previous education and training, with the training period shortened proportionately.*
- *The curriculum and instruction are consistent in quality, content, and length with similar programs in other public or private schools in the state, with recognized standards.*
- *The school has adequate space, equipment, facilities, instructional materials, and instructor personnel to provide training of good quality.*
- *This institution does not use erroneous, deceptive, or misleading practices nor does it advertise "VA" or "School" approval.*
- *This institution does not provide any commission, bonus, or other incentive payment based directly or indirectly on success in securing enrollments or financial aid to any persons or entities engaged in any student recruiting or admission activities or in making decisions regarding the award of student financial assistance.*

Printed Name and Title of authorized Institutional Representative

Signature

Date

Refund Policy 38 CFR 21.4255

Non Accredited Institutions Only

A refund policy meets the requirements of VA regulations if it provides that the amount charged for tuition, fees, and other charges for a portion of the course does not exceed the approximate pro rata portion of the total charges for tuition, fees, and other charges that the length of the completed portion of the course bears to the total length. The school may make provision for refund with the following limitations:

1. **Registration Fee:** An established registration fee in an amount not to exceed \$10 need not be subject to pro-rating. Where the established registration fee is more than \$10, the amount in excess of \$10 will be subject to pro ration.
2. **Breakage Fee:** Where the school has a breakage fee, it may provide for the retention of only the exact amount of the breakage, with the remaining part, if any, to be refunded.
3. **Consumable Instructional Supplies:** Where the school makes a separate charge for consumable instructional supplies, as distinguished from laboratory fees, the exact amount of the charges for supplies consumed may be retained but any remaining part must be refunded.
4. **Books, Supplies and Equipment:** Where the veteran or eligible person purchases his books, supplies, and equipment from a bookstore or other source, and the cost of such items is separate and independent from the charge made by the school for tuition and fees, he may retain or dispose of such items at his own discretion. Where the school furnishes the books, supplies, and equipment, with the cost thereof included in the total charge payable to the school for the course, and the veteran or eligible person withdraws or is discontinued prior to the completion of the course, refund will be made in full for the amount of the charge for the unissued books, supplies, and equipment. Issued items may be disposed of at the discretion of the veteran or eligible person.
5. **Tuition and Other Charges:** Where the school either has or adopts an established policy for the refund of the unused portion of tuition, fees, and other charges subject to proration, which is more favorable to the veteran or eligible person than the approximate pro-rata basis described above, such established policy will be applicable. Otherwise, the school may charge a sum, which does not vary more than 10% from the exact pro-rata portion of such tuition, fees, and other charges that, the length of the completed portion of the course bears to its total length. The exact proration will be determined on the ratio of the number of instructional days in the course.
6. **Prompt Refund:** In the event that the veteran, spouse, surviving spouse or child fails to enter the course or withdraws or is discontinued at any time prior to the completion of the course, the unused portion of the tuition, fees, and other charges paid by the individual shall be refunded promptly. Any institution that fails to forward any refund due within 40 days after such a change in status, shall be deemed, prima facie, to have failed to make a prompt refund as required by this paragraph.

I agree to meet the terms of this refund policy

Printed Name and Title

Signature

Institution Name

Date



STATEMENT OF ASSURANCE OF COMPLIANCE WITH EQUAL OPPORTUNITY LAWS

(Name of Organization, Institution, or Individual) (hereinafter called the "Signatory")

HEREBY AGREES THAT

it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), and all Federal regulations adopted to carry out such laws. This assurance is directed to the end that no person in the United States shall, on the ground of race, color, national origin (Title VI), handicap (Section 504), sex (Title IX, in education programs and activities only), or age (Age Discrimination Act) be excluded from participation in, to be denied the benefits of, or be subjected to discrimination under any program or activity of the Signatory receiving Federal financial assistance or other benefits under statutes administered by VA (Department of Veterans Affairs), the ED (Department of Education), or any other Federal agency. This assurance applies whether assistance is given directly to the recipient or indirectly through benefits paid to a student, trainee, or other beneficiary because of enrollment or participation in a program of the Signatory.

The Signatory HEREBY GIVES ASSURANCE that it will promptly take measures to effect this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Signatory by VA or ED, this assurance shall obligate the Signatory, or in the case of transfer of such property, any transferee, for the period during which the real property or structure is used for the purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. In all cases, this assurance shall obligate the Signatory for the period during which the Federal financial assistance is extended to any of its programs by VA, ED or any other Federal agency.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining Federal financial assistance, including facilities furnished or payments made under sections 104 and 244(1) of Title 38, U.S.C. Also, sections 1713, 1720, 1720a, 1741-1743, 2408, 5902(a)(2), 8131-8137, 8151-8156 (formerly 613, 620, 620a, 641-643, 1008, 1008, 3402(a)(2), 5031-5037, 5051-5056 respectively) and 38 U.S.C. chapters 30, 31, 32, 35, 36, 82, and 10 U.S.C. chapter 106. Under the terms of an agreement between VA and ED, this assurance also includes Federal financial assistance given by ED through programs administered by that agency. Federal financial assistance is understood to include benefits paid directly to the Signatory and/or benefits paid to a beneficiary contingent upon the beneficiary's enrollment in a program or using services offered by the Signatory.

The Signatory agrees that Federal financial assistance or other benefits will be extended in reliance on the representations and agreements made in this assurance; that VA or ED will withhold financial assistance, facilities, or other benefits to assure compliance with the equal opportunity laws; and that the United States shall have the right to seek judicial enforcement of this assurance.

THIS ASSURANCE is binding on the Signatory, its successors, transferees, and assignees for the period during which assistance is provided. The Signatory assures that all contractors, subcontractors, subgrantees, or others with whom it arranges to provide services or benefits to its students or trainees in connection with the Signatory's programs or services are not discriminating against those students or trainees in violation of the above statutes.

The person whose signature appears below is authorized to sign this assurance.

(Date)

(Mailing address)

(Signature of authorized official)

(Title of authorized official)



CONFLICTING INTERESTS CERTIFICATION FOR PROPRIETARY SCHOOLS ONLY

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation Records - VA, and published in the Federal Register. An example of a routine use allows VA to send educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training. Your obligation to respond is required to obtain or retain benefits. We cannot pay education benefits to any person training at your school until we receive this information (38 U.S.C. 3686 (b)). Your responses are confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to approve courses at your school for VA purposes and pay education benefits to trainees at your facility. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/olm/VA-EPA.htm#VA. If desired, you can call 1-888-GH-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.

1. NAME AND ADDRESS OF INSTITUTION

PURPOSE: This form informs individuals that the law has restrictions concerning any potential conflict of interest. (See certifications (1) and (2) below).

(1) PROPRIETARY PROFIT SCHOOLS ONLY

Title 38 U.S.C. 3683 prohibits employees of the Department of Veterans Affairs (VA) and the State approving agency (SAA) from owning any interest in an educational institution operated for profit. In addition, the law prohibits these employees from receiving any wages, salary, dividends, profits, gifts, or services from private profit schools. These provisions may be waived if VA determines that no detriment will result to the government, or to veterans or eligible persons. Please list below those VA and SAA employees known by you who may have a potential conflict of interest under this provision. If there are none, please enter the word "none."

| NAME AND TITLE OF EMPLOYEE(S) | DESCRIPTION OF ASSOCIATION WITH SCHOOL |
|-------------------------------|----------------------------------------|
| | |

(2) ALL PROPRIETARY SCHOOLS

Title 38 C.F.R. 21.4202(c), 21.5200(c), 21.7122(e)(6), and 21.7622(f)(4)(iv) prohibit the payment of educational assistance to any veteran or eligible person based on an enrollment in any proprietary school of which the veteran or eligible person is an official authorized to sign certificates of enrollment or verifications/certifications of attendance, or is an owner or an officer. Please list below the names and VA file numbers (claim or Social Security Numbers) of any certifying officials, owners, or officers of your school who receive VA educational assistance based on an enrollment in your school. If there is none, please enter the word "none."

| NAME AND TITLE OF EMPLOYEE(S) | VA FILE NUMBER | DATES OF ENROLLMENT WITH YOUR SCHOOL | |
|-------------------------------|----------------|--------------------------------------|----|
| | | FROM | TO |
| | | | |

CERTIFICATION: I DO HEREBY CERTIFY that the entries above are true and correct to the best of my knowledge. I agree to immediately notify VA of any potential violations of the above prohibitions.

| SIGNATURE OF PRESIDENT OR CHIEF ADMINISTRATIVE OFFICIAL OR SCHOOL | TITLE | DATE |
|-------------------------------------------------------------------|-------|------|
| | | |

| | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------|--|--|--|--|--|--|
| Department of Veterans Affairs | DESIGNATION OF CERTIFYING OFFICIAL(S) | | | | | | | | |
| GENERAL INSTRUCTIONS | | | | | | | | | |
| 1. This form MUST ONLY be completed by a responsible official with the authority to designate certifying officials for the school or training establishment. 2. This form must be completed whenever there is a change in any of the information. Include the names, titles, and signatures of all certifying officials, not just the changed information. | | | | | | | | | |
| SPECIFIC INSTRUCTIONS | | | | | | | | | |
| Item 1: Enter the complete name and address of the school or training establishment. Item 2A: Enter the complete name and title for each designated certifying official. Have each person sign the form on the same line as his or her name and title. Provide individual's direct telephone number, fax number and email address. Item 2B: Enter the name of Read-Only School Officials with limited jurisdiction. Use Item 3 (Remarks) if additional space is needed. Item 3: Remarks Items 4 and 5: Sign and date the form. The person signing the form must be a person of significant authority, i.e., registrar, academic dean, or higher. Item 6: Print name Item 7 and 8: Provide email address and direct telephone number. | | | | | | | | | |
| PURPOSE: This form is used to provide the names and signatures of those individuals who are authorized to certify enrollment information to the Department of Veterans Affairs. | | | | | | | | | |
| 1. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Include ZIP Code) | Facility Code-Completed by VA Only | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | |
| | | | | | | | | | |
| 2. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL OR TRAINING ESTABLISHMENT | | | | | | | | | |
| A. OFFICIALS DESIGNATED TO SIGN VA ENROLLMENT CERTIFICATIONS, CERTIFICATIONS OF CHANGE IN STUDENT STATUS, CERTIFICATIONS OF DELIVERY OF ADVANCE PAYMENTS, CERTIFICATIONS OF PURSUIT, ATTENDANCE, FLIGHT TRAINING, ON-THE-JOB OR APPRENTICESHIP TRAINING (AS APPLICABLE), SCHOOL PORTION OF VA FORM 22-1990T AND OTHER CERTIFICATIONS OF ENROLLMENT ARE: | | | | | | | | | |
| | NAME | TITLE | SIGNATURE | | | | | | |
| (1) | | | | | | | | | |
| | TELEPHONE NUMBER (Include Area Code) | FAX NUMBER (Include Area Code) | EMAIL | | | | | | |
| | | | | | | | | | |
| (2) | NAME | TITLE | SIGNATURE | | | | | | |
| | | | | | | | | | |
| | TELEPHONE NUMBER (Include Area Code) | FAX NUMBER (Include Area Code) | EMAIL | | | | | | |
| (3) | NAME | TITLE | SIGNATURE | | | | | | |
| | | | | | | | | | |
| | TELEPHONE NUMBER (Include Area Code) | FAX NUMBER (Include Area Code) | EMAIL | | | | | | |
| (4) | NAME | TITLE | SIGNATURE | | | | | | |
| | | | | | | | | | |
| | TELEPHONE NUMBER (Include Area Code) | FAX NUMBER (Include Area Code) | EMAIL | | | | | | |
| | | | | | | | | | |

B. FOR READ-ONLY SCHOOL OFFICIALS WITH LIMITED AUTHORITY - LIMITED AUTHORITY IS DEFINED AS HAVING THE PERMISSION TO PREPARE ENROLLMENT INFORMATION, REQUEST INFORMATION, SUBMIT INQUIRES, ETC. IT INCLUDES ALL PERMISSIONS EXCEPT SIGNING AND SUBMITTING CERTIFICATIONS OR OTHERWISE PROVIDING ENROLLMENT DATA TO THE VA. THIS SECTION DOES NOT NEED TO BE COMPLETED FOR VA WORK-STUDY STUDENTS. ENTER SCHOOL OFFICIALS ONLY.

| NO. | NAME | NO. | NAME |
|-----|------|------|------|
| (1) | | (6) | |
| (2) | | (7) | |
| (3) | | (8) | |
| (4) | | (9) | |
| (5) | | (10) | |

3. REMARKS

It is acknowledged that each of the individuals designated as certifying officials must successfully complete online training for new certifying officials prior to being granted access to VA's certification system. Individuals requesting "Read Only" access are not required to complete this training. Indicate in the remarks section (#4) above if a certifying official is in receipt of VA education benefits. **It is hereby certified** that the Department of Veterans Affairs will be notified of any changes in the designations shown on this form, to include changes in contact information, as they occur.

| | | |
|------------------------------------------------|-----------------|---------------|
| 4. SIGNATURE AND TITLE OF DESIGNATING OFFICIAL | 5. DATE | 6. PRINT NAME |
| 7. EMAIL ADDRESS | 8. PHONE NUMBER | |

PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by fine or imprisonment or both.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. An example of a routine use (e.g., VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training). Your obligation to respond is required to obtain or retain education benefits. VA cannot recognize you as the proper certifying official unless the information is furnished as required by existing law (38 U.S.C. 3680(g)). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to identify you as the certifying official for your school or job training establishment when reporting pursuit of training for veterans and other eligible persons (38 U.S.C. 3684). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/publicdo/PRAMain. If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.



State Approving Agency for Veterans Education
700 Foothill Blvd
Salt Lake City, UT 84113
Phone (801) 584-1973 ♦ Fax (801) 584-1964

Veteran or Eligible Student Enrollment Addendum

Institution Name: _____

Address: _____

Programs at the above named institution are approved by the *Utah State Approving Agency for Veterans Education* (SAA) for eligible students to receive education benefits from the U.S. Department of Veterans Affairs. Students who enroll to receive these benefits are required to abide by the policies and rules of the school and by the rules and regulations set forth herein by the SAA and the U.S. Department of Veterans Affairs. **In instances where the policies stated herein vary with those of the institution, students who wish to remain eligible for education benefits from the U.S. Department of Veterans Affairs must maintain the higher of the standards set forth.**

Please read this Addendum carefully and sign and date at the bottom of the form.

1. Satisfactory Progress

You must make satisfactory progress toward completion of the program in which you are enrolled to continue receiving veterans' benefits. Satisfactory progress is the ongoing demonstration that you are completing training at a rate that will allow you to graduate within the approved length of the program. The satisfactory progress standard is at least 70%. **(Or the higher rate set by the institution)**. If your progress is not satisfactory in any measured portion of the program, you will be notified as to such and placed on probation for 30 days, at which time your progress will again be evaluated. If satisfactory improvement is not made by the end of this probationary period, VA educational benefits will be terminated.

2. Attendance

Good attendance is critical to successful completion of the program. You must maintain at least an 80% attendance rate **(or the higher rate set by the institution)** to continue receiving VA benefits. If you miss more than 20% of your time in hours or a given period or term, you will be placed on probation for the following period/term. If you miss more than 20% of your time during the probationary period, VA benefits will be terminated.

3. Leave of Absence

Students receiving VA educational benefits may take a school approved Leave of Absence, but this will interrupt VA educational benefits during the leave. The leave of absence will be reported to the VA as a termination. When you return from the leave, the school may re-certify you for benefits, giving you credit for all hours completed prior to the leave.

4. Program Completion

Your VA educational benefits expire on the earliest of **either** the date you reach the total hours approved for your program, **or** on the date you complete or terminate your enrollment in the program. When you complete your program, please notify the school's VA Certifying Official as soon as possible so that the VA can be informed within 30 days.

5. Prior Credit

If you have completed any previous college level courses or have relevant work experience, the documentation and official transcripts **must** be submitted to the institution for review to ensure all proper prior credit is awarded. This is not optional; VA will not pay for the duplication of training.

I have read this **Enrollment Addendum** and understand that I am required to comply with all policies and rules of the school, as well as those of the Utah SAA and the U.S. Department of Veterans Affairs.

Student Signature

Date

Certifying Official Signature

Date